| PATENT APPLICATION | Application for Bocket Number 10 9593100 | | | | | | |
|---|--|-----------------------------------|----------------|------------------------|----------|---------------------|------------------------|
| Effec | | pariet | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | SMALL | ENTITY | OR | | THAN | |
| TOTAL CLAIMS | 3 | | RATE | FEE | 1 | RATE | FEE |
| FOR | NUMBER FILED | NUMBER EXTRA | BASIC F | EE 375.00 | OR | BASIC FEE | 750.00 |
| TOTAL CHARGEABLE CLAIMS | 3 minus 20= | . 6 | X\$ 9 | | OR | X\$18= | |
| INDEPENDENT CLAIMS | minus 3 = | 6 | X42= | | OR | No. | |
| MULTIPLE DEPENDENT CLAIM P | RESENT | | +140- | | | | |
| * If the difference in column 1 is | less than zero, enter | "O" in column 2 | TOTA | | OR | | |
| | MENDED - PAR | TU | IUIA | 573 | JOR | OTHER | THAN |
| 3/4/06 (Column 1) | (Cotur | nn 2) (Column 3) | SMAL | LENTITY | OR | SMALL | |
| CLAIMS REMAINING AFTER AMENDMENT | HIGH NUM PREVIO PAID | BER PRESENT DUSLY EXTRA | RATE | ADD/ TIOXAL FEE | | RATE | ADDI- TIONAL FEE |
| AFTER AMENDMENT Total Independent | Minus ** | 00 - 7 | X\$ 84 | | OR | X\$18= | |
| Independent + 2 | eee cuniM | 3 - 1/2 | X42= | X | OR | X84= | Note that the second |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | OR | +280= | |
| + M - | N | | +140- | | OR. | TOTAL | |
| (Column 1) | (Colum | nn 2) (Calumn 3) | ADDIT. FE | F | Jon | ADDIT. FEE | |
| CLAIMS REMAINING AFTER AMENDMENT Total Independent | HIGH NUMI PREVIO PAID | EST BER PRESENT DUSLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total • 3 | Minus ** | 10-1 | X\$ 9= | | OR | X\$18= | |
| Independent - FIRST PRESENTATION OF MIL | Minus | 3 (1) | X42= | | OR | X84= | |
| THO THE SENTATION OF MIL | JLIPLE DEPENDENT | CCAIM | +140= | X | OR | +280= | |
| | | | 101/ | | OR | TOTAL ADDIT. FEE | |
| (Column 1) | (Colum | nn 2) (Column 3) | ADDIT. FE | 2 | | AUUII. FEE | , |
| CLAIMS REMAINING AFTER AMENDMENT | HIGH NUME PREVIO PAID | EST BER PRESENT BUSLY EXTRA | PATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total • independent • | Minus 🛶 | | X\$ 9= | | OR | X\$18= | |
| Independent • | Minus *** | • | X42= | | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | |
| " If the entry in column 1 is less than the entry in column 2, write "o" in column 3. | | | | | OR | +280= | |
| "If the "Highest Number Previously Pa | uid For in this space is uid For in this space is | less than 20, enter "20." | ADDIT. FE | E | • | ADOM. FEE | |
| The 'Highest Number Previously Pal | u rui (1912) or Bloepende | ary as one unduest untider (| roung in the & | ppropriate box | t to col | umn 1. | · · . · . |